

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Achilles D. Corelleone</i>	COURT CASE NUMBER <i>07CV2994 L (NLS)</i>
DEFENDANT <i>City of San Diego, CA</i>	TYPE OF PROCESS <i>2008 JAN 25 AM 10:30</i>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>City of San Diego, CA</i>	CLERK US DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1200 3rd Ave. #1620, San Diego, CA 92101</i>	DEPUTY

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ office of The City Attorney
1200 3rd Ave #1620
☐ San Diego, CA 92101

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Phone # for Defendant
619-236-6220

RECEIVED
2008 JAN 22
U.S. MARSHAL
SOUTHERN DISTRICT
OF CALIFORNIA

Signature of Attorney or other Originator requesting service on behalf of:

Achilles Corelleone
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

760-696-1729

DATE

1-25-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin <i>98</i> No. <i>98</i>	District to Serve <i>98</i> No. <i>98</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>1/22/08</i>
---	---------------------------	---	--	--	------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Brenda Franklin / Deputy Clerk 1☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Same

Date of Service

*1-24-08*Time
12:05 ☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal	Amount of Refund
-------------	--	----------------	---------------	------------------	-----------------------------	------------------

REMARKS: